SESI AVAILABLE COPT

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/889251

Ellective October 1, 2000												.L
		CLAIMS A	S FILED - PART I (Column 1) (C			ımn 2)		SMALL ENTITY TYPE		OTHER THAI		
TOTAL CLAIMS							Γ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	50	OR	- · · · · · · · · · · · · · · · · · · ·	
TC	TAL CHARGE	ABLE CLAIMS	<i>44</i> mi	nus 20=	* 24			X\$ 9=	216	OR	X\$18=	
IN	DEPENDENT C	LAIMS	¹ minus 3 = * /					X40=	40	OR	X80=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			U		+135=	135	OR	+270=	<u>. ·</u>
• Iţ	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	441	OR	TOTAL	
	C	LAIMS AS A	MENDE	MENDED - PART II						10	OTHER	THAN
		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**	•	= .		X\$ 9=		OR	X\$18=	
AME.	Independent	<u> • </u>	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM	$lue{\Box}$		125			+270=	
						·	Ľ	+135= TOTAL	· · · · · · · · · · · · · · · · · · ·	OR	+270=	
								DIT. FEE	•	OR _.	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)					·	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		= .	,	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-						
							L	135=		OR	+270=	
							ADI	TOTAL DIT. FEE		OR .	TÓTAL ADDIT. FEE	
		(Column 1)	a e nomina de su se ess	(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RAȚE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	\	<40=		ŀ	X80=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		-			OR		
* If the entry in column 1 is less than the entry in column 2 write *0* in column 2									+270=			
**	the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less than	20, enter "20."	ADD	TOTAL DIT. FEE		OR A	TOTAL ODIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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CLAIMS AS FILED - PART I (Column 1) (Column 1)						umn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							1	RATE	FEE	OR T	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	 		BASIC FEE	
TO	TAL CHARGE	ABLE CLAIMS	4 9 minus 20=		• 24.			X\$ 9=		7		
INI	DEPENDENT C	CLAIMS	17	inus 3 =	* 1				216	OR		
MULTIPLE DEPENDENT CLAIM PRESENT						Tal.		X40=	. 40	OR	X80=	<u> </u>
* If the difference in column 1 is less than zero, en					40" in			+135=	135	OR	+270=	
•••	• •		·				TOTAL	441	OR	TOTAL		
CLAIMS AS AMENDED - PAR (Column 1) (Colum					nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT AC		CLAIMS REMAINING AFTER AMENDMENT	Artis	HIGH NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 83	Minus	** 4	14.	= 3.9		X\$ 9=	351	OR	X\$18=	
AM	Independent	NTATION OF MU	Minus	***	4	= 4	ſ	9 <u>2</u> X4 0 ≤	168	OR	X80=	
	THOTTREE	ENTATION OF WIC	DETIFEE DE	PENDENT	CLATIVI			+135=		OR	+270=	
							L	TOTAL DDIT. FEE	519	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	^	0011.1 EE1		•	NOUTE. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	r	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		┟	+135=			+270=	
							L	TOTAL		OR	+2/U=	
	(Column 4) (O.1					(O = İ O)	Α[DDIT. FEE		OR ,	DDIT. FEE	
ပ		(Column 1) CLAIMS REMAINING		(Colum HIGHE NUMB	ST	(Column 3)	Г		ADDI-	Г	 1	ADDI-
AMENDMENT		AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	· 66	Minus	**		= .		X\$ 9=		OR	X\$18=	·
AME	Independent	• 8	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	LIIPLE DEF	ENDENT	CLAIM		-	•			·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30 center 700." ** TOTAL ** TOTAL												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												